

POSITION	INITIALS	ID NO.	DATE
<b>FEE DETERMINATION</b>			
<b>O.I.P.E. CLASSIFIER</b>	T		
<b>FORMALITY REVIEW</b>	T.A	JCDW	05/29/01
<b>RESPONSE FORMALITY REVIEW</b>			

**INDEX OF CLAIMS**

✓ ..... Rejected N ..... Non-elected  
 = ..... Allowed I ..... Interference  
 — (Through numeral).... Canceled A ..... Appeal  
 ÷ ..... Restricted O ..... Objected

Claim	Final	Original	Date
1	N	1/27/01	
2		1/27/01	
3		1/27/01	
4		1/27/01	
5		1/27/01	
6		1/27/01	
7		1/27/01	
8		1/27/01	
9		1/27/01	
10		1/27/01	
11		1/27/01	
12		1/27/01	
13	N	1/27/01	
14		1/27/01	
15		1/27/01	
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46		1/27/01	
47		1/27/01	
48		1/27/01	
49		1/27/01	
50		1/27/01	

If more than 150 claims or 10 actions  
staple additional sheet here

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